

05/21/99

jc649 U.S. PTO

00345323 052199

EJ 291801450 US  
5/21/99

PTO/SB/05 (4/98)

Approved for use through 09/30/2000. OMB 0651-0032  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCEPlease type a plus sign (+) inside this box → ☐

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

Attorney Docket No. 1685

First Inventor or Application Identifier Thorsen

Title Healthcare Payment, Reporting and Data Processing System

Express Mail Label No. EJ291801450US

**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents.

ADDRESS TO: Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 202311. ☒ \* Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original and a duplicate for fee processing)2. ☒ Specification [Total Pages 15]  
(preferred arrangement set forth below)

- Descriptive title of the Invention
- Cross References to Related Applications
- Statement Regarding Fed sponsored R & D
- Reference to Microfiche Appendix
- Background of the Invention
- Brief Summary of the Invention
- Brief Description of the Drawings (if filed)
- Detailed Description
- Claim(s)
- Abstract of the Disclosure

3. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets 11]

4. Oath or Declaration [Total Pages 3]

- a. ☒ Newly executed (original or copy)
- b. ☐ Copy from a prior application (37 C.F.R. § 1.63(d))  
(for continuation/divisional with Box 16 completed)
  - i. ☐ DELETION OF INVENTOR(S)  
Signed statement attached deleting  
inventor(s) named in the prior application,  
see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).

**\* NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY  
FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT  
IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).**5. ☐ Microfiche Computer Program (Appendix)6. Nucleotide and/or Amino Acid Sequence Submission  
(if applicable, all necessary)

- a. ☐ Computer Readable Copy
- b. ☐ Paper Copy (identical to computer copy)
- c. ☐ Statement verifying identity of above copies

**ACCOMPANYING APPLICATION PARTS**

- 7. ☒ Assignment Papers (cover sheet & document(s))
- 8. ☐ 37 C.F.R. § 3.73(b) Statement ☐ Power of Attorney  
(when there is an assignee)
- 9. ☐ English Translation Document (if applicable)
- 10. ☐ Information Disclosure ☐ Copies of IDS  
Statement (IDS)/PTO-1449 Citations
- 11. ☐ Preliminary Amendment
- 12. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
- 13. ☒ \* Small Entity ☐ Statement filed in prior application,  
Statement(s) Status still proper and desired  
(PTO/SB/09-12)
- 14. ☐ Certified Copy of Priority Document(s)  
(if foreign priority is claimed)
- 15. ☐ Other: .....

16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No: \_\_\_\_\_

Prior application information: Examiner \_\_\_\_\_ Group / Art Unit: \_\_\_\_\_

**For CONTINUATION or DIVISIONAL APPS only:** The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.**17. CORRESPONDENCE ADDRESS**☐ Customer Number or Bar Code Label

(Insert Customer No. or Attach bar code label here)

or ☒ Correspondence address below

Name	Stephanie J. Smith				
	Beck & Tysver				
Address	1011 First Street South				
	Suite 440				
City	Hopkins	State	MN	Zip Code	55343
Country	USA	Telephone	612-933-5042	Fax	612-933-3049

Name (Print/Type)	Stephanie J. Smith	Registration No. (Attorney/Agent)	34,437
Signature	<i>Stephanie J. Smith</i>	Date	5/21/99

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**FEE TRANSMITTAL****for FY 1999**

Patent fees are subject to annual revision.

Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12.**Complete if Known**

Application Number

Filing Date

5/21/99

First Named Inventor

Thorsen

Examiner Name

Group / Art Unit

Attorney Docket No.

1685

**TOTAL AMOUNT OF PAYMENT**

(\$)

459

**METHOD OF PAYMENT (check one)**

- 1.
- ☒
- The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit  
Account  
Number  
Deposit  
Account  
Name

500-246

Beck &amp; Tysver, P.L.L.P.

- ☒
- Charge Any Additional
- 
- Fee Required Under
- 
- 37 CFR 1.16 and 1.17

- 2.
- ☒
- Payment Enclosed:

☒ Check ☐ Money  
Order ☐ Other**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
101 760	201 380	Utility filing fee	380
106 310	206 155	Design filing fee	
107 480	207 240	Plant filing fee	
108 760	208 380	Reissue filing fee	
114 150	214 75	Provisional filing fee	

SUBTOTAL (1) (\$)

380

**2. EXTRA CLAIM FEES**

Total Claims	Extra Claims	Fee from below	Fee Paid
4	20** = 1	39	39
	3** = 1		

\*\*or number previously paid, if greater; For Reissues, see below

**Large Entity Small Entity**

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
103 18	203 9	Claims in excess of 20	
102 78	202 39	Independent claims in excess of 3	
104 260	204 130	Multiple dependent claim, if not paid	
109 78	209 39	** Reissue independent claims over original patent	
110 18	210 9	** Reissue claims in excess of 20 and over original patent	

SUBTOTAL (2) (\$)

39

**FEE CALCULATION (continued)****3. ADDITIONAL FEES**

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
105 130	205 65	Surcharge - late filing fee or oath	
127 50	227 25	Surcharge - late provisional filing fee or cover sheet.	
139 130	139 130	Non-English specification	
147 2,520	147 2,520	For filing a request for reexamination	
112 920*	112 920*	Requesting publication of SIR prior to Examiner action	
113 1,840*	113 1,840*	Requesting publication of SIR after Examiner action	
115 110	215 55	Extension for reply within first month	
116 380	216 190	Extension for reply within second month	
117 870	217 435	Extension for reply within third month	
118 1,360	218 680	Extension for reply within fourth month	
128 1,850	228 925	Extension for reply within fifth month	
119 300	219 150	Notice of Appeal	
120 300	220 150	Filing a brief in support of an appeal	
121 260	221 130	Request for oral hearing	
138 1,510	138 1,510	Petition to institute a public use proceeding	
140 110	240 55	Petition to revive - unavoidable	
141 1,210	241 605	Petition to revive - unintentional	
142 1,210	242 605	Utility issue fee (or reissue)	
143 430	243 215	Design issue fee	
144 580	244 290	Plant issue fee	
122 130	122 130	Petitions to the Commissioner	
123 50	123 50	Petitions related to provisional applications	
126 240	126 240	Submission of Information Disclosure Stmt	
581 40	581 40	Recording each patent assignment per property (times number of properties)	40
146 760	246 380	Filing a submission after final rejection (37 CFR 1.129(a))	
149 760	249 380	For each additional invention to be examined (37 CFR 1.129(b))	

Other fee (specify) \_\_\_\_\_

Other fee (specify) \_\_\_\_\_

\* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)

40

**SUBMITTED BY**Typed or  
Printed Name

Stephanie J. Smith

**Complete (if applicable)**

Reg. Number

34,437

Signature

*Stephanie J. Smith*

Date

5/21/99

Deposit Account  
User ID

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.